

SCC eFile  
(6/10)

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212502762

1.) CORPORATION NAME:

**Loadstar, Inc.**

DUE DATE: **2/29/2012**

SCC ID NO: **F1851312**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9830 COLONNADE BLVD.  
SUITE 600

CITY/ST/ZIP: SAN ANTONIO, TX 78230-2239

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: T PATRICK DUNCAN  
TITLE: CHAIRMAN  
ADDRESS: 9830 COLONNADE BLVD.  
SUITE 600  
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239

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OFFICER

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DIRECTOR

NAME: LEONARD J O'DONNELL  
TITLE: PRESIDENT  
ADDRESS: 9830 COLONNADE BLVD.  
SUITE 600  
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239

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OFFICER

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DIRECTOR

NAME: PATRICK A IRWIN  
TITLE: TREASURER  
ADDRESS: 9830 COLONNADE BLVD.  
SUITE 600  
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239

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OFFICER

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DIRECTOR

NAME: STANLEY R ALTERMAN  
TITLE: Ex Mng Dir  
ADDRESS: 9830 COLONNADE BLVD.  
SUITE 600  
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239

NAME:	GLEN E MITTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Ex Mng Dir		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		
NAME:	BRUCE C PETERSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Ex Mng Dir		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		
NAME:	SUSAN T WALLACE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Ex Mng Dir		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		
NAME:	STEVEN A WATERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		
NAME:	STEVEN L AMES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Mng Director		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		
NAME:	DAVID J BUCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Mng Director		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		
NAME:	BRUCE S CHILDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Mng Director		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		
NAME:	GREGORY S KNOWLES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Mng Director		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		
NAME:	JOHN POST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Mng Director		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		

NAME: BRENNA WALRAVEN TITLE: Mng Director ADDRESS: 9830 COLONNADE BLVD. SUITE 600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TONI M FISHER TITLE: ASST SECRETARY ADDRESS: 9830 COLONNADE BLVD. SUITE 600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES K HARDIN TITLE: ASST SECRETARY ADDRESS: 9830 COLONNADE BLVD. SUITE 600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ STEVEN A WATERS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>STEVEN A WATERS, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>1/19/2012</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		